

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title::  
DEVICE FOR LOCAL ADMINISTRATION  
OF SOLID OR SEMI-SOLID  
FORMULATIONS AND DELAYED-  
RELEASE FORMULATIONS FOR  
PROPOSAL PARENTAL  
ADMINISTRATION AND PREPARATION  
PROCESS  
Attorney Docket Number:: 0512-1009-1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 21  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRENCH  
Status:: Full Capacity  
Given Name:: ROLAND  
Middle Name::  
Family Name:: CHERIF CHEIKH  
City of Residence:: ISSY LES MOULINEAUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 30, AVENUE BOURGAIN  
Address::  
City of Mailing Address:: ISSY LES MOULINEAUX  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92130

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer Number::	000466
-------------------------------------	--------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/319,159	6/2/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
France	96/14755	12/2/96	Yes

**Assignment Information**

Assignee Name:: SOCIETE DE CONSEILS DE  
RECHERCHES ET D'APPLICATION

Street of Mailing 51/53 Rue Du Docteur Blanche

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75016